

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of New Hampshire

Case number (if known): _____

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

FILED

2018 APR 20 AM 10:16

CLERK OF THE
BANKRUPTCY COURT
DISTRICT OF NEW HAMPSHIRE
☒ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Claudia
First name
G
Middle name
Gabrielle
Last name
Suffix (Sr., Jr., II, III)

First name

Middle name

Last name
Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Claudia
First name
Gabrielle
Middle name
Nenno
Last name
Claudia
First name
Gabrielle
Middle name
Trambly
Last name
Claudia
Gabrielle
LeFrancois

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX - XX - 9 9 7 6
OR
9 XX - XX - _____

XXX - XX - _____
OR
9 XX - XX - _____

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

☐ I have not used any business names or EINs.Happy 'n' Healthy Family Medicine

Business name

Business name

05-0549188

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):☐ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live41 B Lake Shore Road

Number Street

Salem NH 03079

City

State

ZIP Code

Rockingham

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. How you will pay the fee

- ☒ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☒ No
- ☐ Yes. District _____ When _____ Case number _____
 MM / DD / YYYY
- District _____ When _____ Case number _____
 MM / DD / YYYY
- District _____ When _____ Case number _____
 MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No
- ☐ Yes. Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY
- Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY

11. Do you rent your residence?

- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.☐ Yes. Name and location of business

Name of business, if any _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))☐ None of the above**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No☐ Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property? _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

Signature of Debtor 1

Executed on 04/09/2018
MM / DD / YYYY

X

Signature of Debtor 2

Executed on _____
MM / DD / YYYY

Debtor 1

Claudia G.
First Name Middle Name

Gabrielle
Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

Signature of Attorney for Debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone

Email address

Bar number

State

Debtor 1

Claudia

G.

Gabrielle

First Name

Middle Name

Last Name

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

☐ No

☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

☐ No

☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

☒ No

☐ Yes. Name of Person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

X

Signature of Debtor 1

Date

04/09/2018
MM/DD/YYYY

Contact phone

603-401-5872

Cell phone

603-401-5872

Email address

cgabrielle77@gmail.com

X

Signature of Debtor 2

Date

MM/DD/YYYY

Contact phone

Cell phone

Email address

Fill in this information to identify your case:

Debtor 1 Claudia G. Gabrielle
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of New Hampshire

Case number _____
 (If known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1
lived there

Debtor 2:

Dates Debtor 2
lived there

43 Hemlock Shore Drive
 Number Street

From 08/16
 To 07/17

☐ Same as Debtor 1☐ Same as Debtor 1

Atkinson, NH 03811
 City State ZIP Code

Number Street

From _____

To _____

City State ZIP Code

17 Cottonwood Rd
 Number Street

From 08/13
 To 08/16

☐ Same as Debtor 1☐ Same as Debtor 1

Number Street

From _____

To _____

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☒ No☐ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|--|---|--|---|--|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ |
| For last calendar year: (January 1 to December 31, _____) YYYY | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ |
| For the calendar year before that: (January 1 to December 31, _____) YYYY | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ |

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☒ No☐ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|--|--------------------------------------|---|--------------------------------------|---|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| For last calendar year: (January 1 to December 31, _____) YYYY | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| For the calendar year before that: (January 1 to December 31, _____) YYYY | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|---------------------------------------|------------------|-------------------|----------------------|---|
| Creditor's Name _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage |
| Number _____ Street _____ | _____ | | | <input type="checkbox"/> Car |
| _____ | _____ | | | <input type="checkbox"/> Credit card |
| City _____ State _____ ZIP Code _____ | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other _____ |
| Creditor's Name _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage |
| Number _____ Street _____ | _____ | | | <input type="checkbox"/> Car |
| _____ | _____ | | | <input type="checkbox"/> Credit card |
| City _____ State _____ ZIP Code _____ | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other _____ |
| Creditor's Name _____ | _____ | \$ _____ | \$ _____ | <input type="checkbox"/> Mortgage |
| Number _____ Street _____ | _____ | | | <input type="checkbox"/> Car |
| _____ | _____ | | | <input type="checkbox"/> Credit card |
| City _____ State _____ ZIP Code _____ | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other _____ |

Debtor 1

Claudia G Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No☐ Yes. List all payments to an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------------------------|------------------|-------------------|----------------------|-------------------------|
| Insider's Name _____ | _____ | \$ _____ | \$ _____ | |
| Number _____ Street _____ | _____ | | | |
| City _____ State _____ ZIP Code _____ | _____ | | | |
| Insider's Name _____ | _____ | \$ _____ | \$ _____ | |
| Number _____ Street _____ | _____ | | | |
| City _____ State _____ ZIP Code _____ | _____ | | | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No☐ Yes. List all payments that benefited an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|---------------------------------------|------------------|-------------------|----------------------|--|
| Insider's Name _____ | _____ | \$ _____ | \$ _____ | |
| Number _____ Street _____ | _____ | | | |
| City _____ State _____ ZIP Code _____ | _____ | | | |
| Insider's Name _____ | _____ | \$ _____ | \$ _____ | |
| Number _____ Street _____ | _____ | | | |
| City _____ State _____ ZIP Code _____ | _____ | | | |

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
☐ Yes. Fill in the details.

| | Nature of the case | Court or agency | Status of the case |
|---------------------------|--------------------|---------------------------|------------------------------------|
| Case title _____ _____ | | Court Name _____ | <input type="checkbox"/> Pending |
| Case number _____ | | Number Street _____ | <input type="checkbox"/> On appeal |
| | | City State ZIP Code _____ | <input type="checkbox"/> Concluded |
| Case title _____ _____ | | Court Name _____ | <input type="checkbox"/> Pending |
| Case number _____ | | Number Street _____ | <input type="checkbox"/> On appeal |
| | | City State ZIP Code _____ | <input type="checkbox"/> Concluded |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

| | Describe the property | Date | Value of the property |
|---|--|-------|-----------------------|
| Creditor's Name _____ Number Street _____ City State ZIP Code _____ | | _____ | \$ _____ |
| | | | |
| | Explain what happened | | |
| | <input type="checkbox"/> Property was repossessed. | | |
| | <input type="checkbox"/> Property was foreclosed. | | |
| | <input type="checkbox"/> Property was garnished. | | |
| | <input type="checkbox"/> Property was attached, seized, or levied. | | |
| | Describe the property | Date | Value of the property |
| Creditor's Name _____ Number Street _____ City State ZIP Code _____ | | _____ | \$ _____ |
| | | | |
| | Explain what happened | | |
| | <input type="checkbox"/> Property was repossessed. | | |
| | <input type="checkbox"/> Property was foreclosed. | | |
| | <input type="checkbox"/> Property was garnished. | | |
| | <input type="checkbox"/> Property was attached, seized, or levied. | | |

Debtor 1 Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

| Creditor's Name | Describe the action the creditor took | Date action was taken | Amount |
|--|---------------------------------------|-----------------------|----------|
| Number _____ Street _____ City _____ State _____ ZIP Code _____ | | | \$ _____ |

Last 4 digits of account number: XXXX-____-____-____

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☐ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|----------|
| Person to Whom You Gave the Gift _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Person's relationship to you _____ | | | \$ _____ |
| Person to Whom You Gave the Gift _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Person's relationship to you _____ | | | \$ _____ |

Debtor 1 Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☐ No

☒ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|--|---|--|--|
| <u>Kingdom Communications</u> Charity's Name <u>Ministry</u> <u>201 S. Shady Shores</u> # <u>1952</u> Number Street <u>Lake Dallas, TX 75065</u> City State ZIP Code | I pledged to contribute annually to Kingdom Communications' Building Fund. This charity has helped save my life and individuals in my family and church and I fully support their important work to restore broken lives. | <u>throughout 2017</u> <u>throughout 2016</u> | <u>\$ 283,105</u> <u>\$ 244,547</u> |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
| | | | \$ _____ |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No

☐ Yes. Fill in the details.

| Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|----------------------|
| <u>Number Street</u> <u>City State ZIP Code</u> <u>Email or website address</u> <u>Person Who Made the Payment, if Not You</u> | | | \$ _____ \$ _____ |

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|-------------------|
| Person Who Was Paid _____ Number Street _____ _____ City State ZIP Code _____ Email or website address _____ Person Who Made the Payment, if Not You _____ | _____ | \$ _____ |
| | _____ | \$ _____ |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--|-----------------------------------|-------------------|
| Person Who Was Paid _____ Number Street _____ _____ City State ZIP Code _____ | _____ | \$ _____ |
| | _____ | \$ _____ |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☒ No

☐ Yes. Fill in the details.

| Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--|------------------------|
| Person Who Received Transfer _____ Number Street _____ _____ City State ZIP Code _____ Person's relationship to you _____ | | _____ |
| Person Who Received Transfer _____ Number Street _____ _____ City State ZIP Code _____ Person's relationship to you _____ | | _____ |

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

| Description and value of the property transferred | Date transfer was made |
|---|------------------------|
| Name of trust _____ _____ | _____ |

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

| Name of Financial Institution | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|---|---------------------------------|--|--|---|
| Name of Financial Institution _____ Number Street _____ City State ZIP Code _____ | XXXX-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |
| Name of Financial Institution _____ Number Street _____ City State ZIP Code _____ | XXXX-____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

| Who else had access to it? | Describe the contents | Do you still have it? |
|---|--|---|
| Name of Financial Institution _____ Number Street _____ City State ZIP Code _____ | Name _____ Number Street _____ City State ZIP Code _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☒ Yes. Fill in the details.

| Name of Storage Facility | Who else has or had access to it? | Describe the contents | Do you still have it? |
|--------------------------|-----------------------------------|--|--|
| Burlington SelfStorage | | boxes of books + dishes seasonal clothes, bike, garden equipment, treadmill | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| 232 North Broadway | Name _____ | | |
| Number Street | Number Street _____ | | |
| Salem, NH 03079 | City State ZIP Code _____ | | |
| City State ZIP Code | | | |

Part 9: Identify Property You Hold or Control for Someone Else**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- ☒ No
☐ Yes. Fill in the details.

| Where is the property? | Describe the property | Value |
|---------------------------|-----------------------|----------|
| Owner's Name _____ | | \$ _____ |
| Number Street _____ | | |
| City State ZIP Code _____ | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|---------------------------|-----------------------------------|----------------|
| Name of site _____ | | _____ |
| Number Street _____ | | |
| City State ZIP Code _____ | | |

Debtor 1 Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|---------------------|---------------------|-----------------------------------|----------------|
| Name of site | Governmental unit | | |
| Number Street | Number Street | | |
| | City State ZIP Code | | |
| City State ZIP Code | | | |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

| Court or agency | Nature of the case | Status of the case |
|-----------------|---------------------|------------------------------------|
| Case title | | <input type="checkbox"/> Pending |
| Court Name | | <input type="checkbox"/> On appeal |
| Number Street | | <input type="checkbox"/> Concluded |
| Case number | City State ZIP Code | |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

| | | |
|---------------------|-------------------------------------|--|
| Business Name | Describe the nature of the business | Employer identification number Do not include Social Security number or ITIN. |
| Number Street | | EIN: _____ |
| | Name of accountant or bookkeeper | Dates business existed |
| City State ZIP Code | | From _____ To _____ |
| Business Name | Describe the nature of the business | Employer identification number Do not include Social Security number or ITIN. |
| Number Street | | EIN: _____ |
| | Name of accountant or bookkeeper | Dates business existed |
| City State ZIP Code | | From _____ To _____ |

Debtor 1 Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

| | | |
|---|---|---|
| Business Name _____ Number Street _____ City State ZIP Code _____ | Describe the nature of the business _____ Name of accountant or bookkeeper _____ | Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____ |
|---|---|---|

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.


Date issued

Name _____ MM / DD / YYYY
 Number Street _____
 City State ZIP Code _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 _____
 Signature of Debtor 1

 _____
 Signature of Debtor 2

Date 04/09/2018

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No
☐ Yes. Name of person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case and this filing:

Debtor 1 Claudia G. Gabrielle
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of New Hampshire

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1. 500 Waters Edge Drive
 Street address, if available, or other description

Unit 324

Lake Dallas TX 75065
 City State ZIP Code

Denton
 County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☒ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ 438,000

Current value of the portion you own? \$ 23,513

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Homestead

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2. 500 Waters Edge Drive
 Street address, if available, or other description

Unit 322

Lake Dallas TX 75065
 City State ZIP Code

Denton
 County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☒ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ 396,000

Current value of the portion you own? \$ 33,953

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

Debtor 1 Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

1.3. 8505 W. Irla Brown Memorial
 Street address, if available, or other description

Highway
Unit 087741 (week 25)

Kissimmee FL 34747
 City State ZIP Code

Osceola
 County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☒ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ 5,000
 Current value of the portion you own? \$ 5,000

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____ ➔

\$ 62,466

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☒ No
☐ Yes

3.1. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____
 Current value of the portion you own? _____

\$ _____ \$ _____

If you own or have more than one, describe here:

3.2. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____
 Current value of the portion you own? _____

\$ _____ \$ _____

Debtor 1 Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

3.3. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

☐ Check if this is community property (see instructions)

3.4. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

☐ Check if this is community property (see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

4.1. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

4.2. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

☐ Check if this is community property (see instructions)

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$ 0

Debtor 1 Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the
portion you own?
Do not deduct secured claims
or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No☒ Yes. Describe..... furniture, china, kitchenware\$ 7,000**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe..... cell phone, laptops (2) over 5 years old, printers (2)\$ 1,500**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No☒ Yes. Describe..... paintings\$ 2,000**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.....

\$ _____

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No☒ Yes. Describe..... 1 pistol and 1 rifle\$ 200**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe..... everyday clothes\$ 5,000**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe..... watch, everyday jewelry\$ 2,000**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No☐ Yes. Describe.....

\$ _____

14. Any other personal and household items you did not already list, including any health aids you did not list☐ No☒ Yes. Give specific information..... stethoscope, microscope, books, DVDs\$ 2,300

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$ 20,000

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ YesCash: 500 \$ 500**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes

Institution name:

| | | |
|--------------------------------|------------------------|---------------|
| 17.1. Checking account: | <u>Bank of America</u> | \$ <u>135</u> |
| 17.2. Checking account: | <u>USAA</u> | \$ <u>19</u> |
| 17.3. Savings account: | <u>Bank of America</u> | \$ <u>0</u> |
| 17.4. Savings account: | <u>USAA</u> | \$ <u>13</u> |
| 17.5. Certificates of deposit: | _____ | \$ _____ |
| 17.6. Other financial account: | _____ | \$ _____ |
| 17.7. Other financial account: | _____ | \$ _____ |
| 17.8. Other financial account: | _____ | \$ _____ |
| 17.9. Other financial account: | _____ | \$ _____ |

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes

Institution or issuer name:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.

Name of entity:

% of ownership:

| | | |
|-------|-------------|----------|
| _____ | <u>0%</u> % | \$ _____ |
| _____ | <u>0%</u> % | \$ _____ |
| _____ | <u>0%</u> % | \$ _____ |

Debtor 1

ClaudiaG.Gabrielle

First Name

Middle Name

Last Name

Case number (if known)

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....

Issuer name:

_____ \$ _____

_____ \$ _____

_____ \$ _____

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each

account separately.

Type of account:

Institution name:

401(k) or similar plan:

Fidelity 403B\$ 90,529

Pension plan:

\$ _____

IRA:

\$ _____

Retirement account:

\$ _____

Keogh:

\$ _____

Additional account:

\$ _____

Additional account:

\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes

Institution name or individual:

Electric:

\$ _____

Gas:

\$ _____

Heating oil:

\$ _____

Security deposit on rental unit:

\$ _____

Prepaid rent:

\$ _____

Telephone:

\$ _____

Water:

\$ _____

Rented furniture:

\$ _____

Other:

\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes

Issuer name and description:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

 \$ _____

 \$ _____

 \$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them....

\$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No☐ Yes. Give specific information about them....

\$ _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☐ No☒ Yes. Give specific information about them....

MA, NH, TX medical licenses

\$ 250

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

I have yet to file 2017's tax return. No state income tax in NH.

Federal: \$ _____
 State: \$ _____
 Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information.

Alimony: \$ _____
 Maintenance: \$ _____
 Support: \$ _____
 Divorce settlement: \$ _____
 Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☐ Yes. Give specific information.

\$ _____

Debtor 1 Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

\$ _____

\$ _____

\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.....

\$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.

\$ _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims☒ No☐ Yes. Describe each claim.

\$ _____

35. Any financial assets you did not already list☒ No☐ Yes. Give specific information.....

\$ _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here\$ 91,446**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☐ No☐ Yes. Describe.....

\$ _____

39. Office equipment, furnishings, and supplies*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☐ No☐ Yes. Describe.....

\$ _____

Debtor 1

Claudia G. Gabrielle

First Name Middle Name Last Name

Case number (if known)

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade☐ No☐ Yes. Describe.....

\$

41. Inventory☐ No☐ Yes. Describe.....

\$

42. Interests in partnerships or joint ventures☐ No☐ Yes. Describe.....

Name of entity:

% of ownership:

%

\$

%

\$

%

\$

43. Customer lists, mailing lists, or other compilations☐ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.....

\$

44. Any business-related property you did not already list☐ No☐ Yes. Give specific information

\$

\$

\$

\$

\$

\$

\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

\$ 0

Part 6:**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☐ No☐ Yes.....

\$

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

48. Crops—either growing or harvested

☐ No☐ Yes. Give specific information.

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☐ No☐ Yes

\$ _____

50. Farm and fishing supplies, chemicals, and feed

☐ No☐ Yes

\$ _____

51. Any farm- and commercial fishing-related property you did not already list

☐ No☐ Yes. Give specific information.

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

\$ 0**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No☐ Yes. Give specific information.

\$ _____

\$ _____

\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$ 0**Part 8: List the Totals of Each Part of this Form**55. Part 1: Total real estate, line 2 → \$ 63,46656. Part 2: Total vehicles, line 5 \$ 057. Part 3: Total personal and household items, line 15 \$ 20,00058. Part 4: Total financial assets, line 36 \$ 91,44659. Part 5: Total business-related property, line 45 \$ 060. Part 6: Total farm- and fishing-related property, line 52 \$ 061. Part 7: Total other property not listed, line 54 + \$ 062. Total personal property. Add lines 56 through 61. \$ 111,446 Copy personal property total → + \$ 111,44663. Total of all property on Schedule A/B. Add line 55 + line 62. \$ 173,912

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.**

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the property and the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|--|---|--|------------------------------------|
| Brief description: <u>Condo #324 Lake Dallas, TX</u> Line from Schedule A/B: <u>1</u> | \$ <u>23,513</u> | <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>Homestead</u> |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |
| Brief description: _____ Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____ |

- 3. Are you claiming a homestead exemption of more than \$160,375?**
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1 Claudia G. Gabrielle
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of New Hampshire

Case number
 (If known) _____

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion if any |
|--|--|--|
|--|--|--|

2.1 Capital Management
 Creditor's Name Maintenance
PO Box 864964
 Number Street
Orlando, FL 32886-4964
 City State ZIP Code

Describe the property that secures the claim: Orange Lake Resort Timeshare fees
Unit # 087741 Week 25

As of the date you file, the claim is: Check all that apply.
☒ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 01/01/2018 Last 4 digits of account number 0859

Column A \$ 1093 Column B \$ Column C \$

2.2 Roundpoint Mortgage
 Creditor's Name Servicing Corporation
P.O. Box 19409
 Number Street
Charlotte, NC 28219
 City State ZIP Code

Describe the property that secures the claim: 500 Waters Edge Drive #322
Lake Dallas, TX 75065
Condominium

As of the date you file, the claim is: Check all that apply.
☒ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 03/10/2017 Last 4 digits of account number 5622

Column A \$ 362,047 Column B \$ 33,953 Column C \$

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 363,190

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known)

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Column A | Column B | Column C |
|---|--|--------------------------------|
| Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecured portion if any |

2.3 Wells Fargo Home Mortgage

Creditor's Name

P.O. Box 105647

Number Street

Atlanta, GA 30348-5647
 City State ZIP Code

Describe the property that secures the claim:

500 Waters Edge Drive #324
Lake Dallas, TX 75065
condominium (homestead)
\$ 414,487\$ 23,513

\$

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 12-18-2017Last 4 digits of account number 06412.4 Lewisville Waters Edge COA

Creditor's Name

C/O Essex Management

Number Street

P.O. Box 52330
Phoenix, AZ 85072
 City State ZIP Code

Describe the property that secures the claim:

HOA dues for #322 condominium
500 Waters Edge Drive, Lake Dallas, TX
\$ 426.31

\$

\$

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 03/10/18Last 4 digits of account number 8477

Creditor's Name

Number Street

City State ZIP Code

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 414,913

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$ 778,053

Fill in this information to identify your case:

Debtor 1 Claudia G. Gabrielle
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of New Hampshire

Case number _____
 (If known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|---|---|-----------------|--------------------|
| 2.1 Bankers Healthcare Group, LLC Priority Creditor's Name 201 Solar Street Number Street Syracuse, NY 13204 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>9869</u> When was the debt incurred? <u>12/30/2016</u> As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Loan</u> | \$111,518 | \$ |

| | | | |
|---|---|----------|----|
| 2.2 Bankers Healthcare Group, LLC Priority Creditor's Name 201 Solar Street Number Street Syracuse, NY 13204 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>0046</u> When was the debt incurred? <u>06/30/2017</u> As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Loan</u> | \$59,424 | \$ |
|---|---|----------|----|

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount**2.3**Bank of America

Priority Creditor's Name

P.O. Box 982234

Number Street

El Paso, TX 79998-2234

City State ZIP Code

Last 4 digits of account number 2951\$ 30,256When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify credit card

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

2.4Fidelity Investments

Priority Creditor's Name

900 Salem Street

Number Street

Smithfield, RI 02917

City State ZIP Code

Last 4 digits of account number 9036\$ 16,039When was the debt incurred? 10/31/16

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify Loan from my 403B

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

2.5USAA American Express Card

Priority Creditor's Name

16750 McDermott Freeway

Number Street

9800 Fredericksburg RoadSan Antonio, TX 78288

City State ZIP Code

Last 4 digits of account number 8463\$ 22,675When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify credit card

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | |
|---|--|
| <p>4.1 <u>American Express Starwood Preferred Guest</u> Nonpriority Creditor's Name <u>P.O. Box 1270</u> Number Street <u>Newark, NJ 07101-1270</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>1000</u></p> <p>When was the debt incurred? <u>2016</u></p> <p>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u></p> |
| | <p>Total claim \$ <u>1105</u></p> |

| | |
|---|--|
| <p>4.2 <u>Bank of America Visa Signature</u> Nonpriority Creditor's Name <u>P.O. Box 15019</u> Number Street <u>Wilmington, DE 19886-5019</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>1472</u></p> <p>When was the debt incurred? <u>2016</u></p> <p>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u></p> |
| | <p>Total claim \$ <u>16,128</u></p> |

| | |
|--|--|
| <p>4.3 <u>Card Services American Airlines Advantage</u> Nonpriority Creditor's Name <u>P.O. Box 13337</u> Number Street <u>Philadelphia, PA 19101-3337</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>9670</u></p> <p>When was the debt incurred? <u>2015</u></p> <p>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u></p> |
| | <p>Total claim \$ <u>4,276</u></p> |

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

Cardmember Services Bankers Healthcare Group

Nonpriority Creditor's Name

P.O. Box 332509

Number Street

Murfreesboro, TN 37133

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0347\$ 5235When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit card

4.5

Cardmember Service CHASE

Nonpriority Creditor's Name

P.O. Box 1423

Number Street

Charlotte, NC 28201-1423

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 3740\$ 22,035When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit card

4.6

Citi Cards American Airlines AAdvantage

Nonpriority Creditor's Name

P.O. Box 9001037

Number Street

Louisville, KY 40290-1037

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8591\$ 9577When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit card

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

Citi Cards Costco Visa
 Nonpriority Creditor's Name
P.O. Box 9001016
 Number Street
Louisville KY 40290-1016
 City State ZIP Code

Last 4 digits of account number 0577\$ 5,000When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify credit card

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.8

Synchrony Bank Card Credit
 Nonpriority Creditor's Name
P.O. Box 960061
 Number Street
Orlando FL 32896-0061
 City State ZIP Code

Last 4 digits of account number 6398\$ 8577When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify credit card

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.9

Synchrony Bank / JCPenney
 Nonpriority Creditor's Name
P.O. Box 960090
 Number Street
Orlando FL 32896-0090
 City State ZIP Code

Last 4 digits of account number 4603\$ 2208When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify credit card

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.0

TJX Rewards / Synch

Nonpriority Creditor's Name

P.O. Box 530949

Number Street

Atlanta GA. 30353-0949

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3 3 2 5

\$ 1,500

When was the debt incurred?

2016

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify credit card

5.1

Synchrony Bank / Amazon

Nonpriority Creditor's Name

P.O. Box 960013

Number Street

Orlando FL 32896-0013

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

8 2 2 9

\$ 1997

When was the debt incurred?

2018

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify credit card

Last 4 digits of account number

\$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Capital Collection Management LLC

Name

238 W. Division Street

Number

Street

Syracuse, NY 13204

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0347

CJC Law Office, Chris Cali, Esq.

Name

201 Solar Street

Number

Street

5.

Syracuse, NY 13204

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 9869

CJC Law Office, Chris Cali, Esq.

Name

201 Solar Street

Number

Street

Syracuse, NY 13204

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 0046

Name

Number

Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number

Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number

Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number

Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | Total claim |
|---------------------------------|---|---|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. \$ <u>0</u> |
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ <u>0</u> |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ <u>0</u> |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + \$ <u>239,912</u> |
| | 6e. Total. Add lines 6a through 6d. | 6e. \$ <u>239,912</u> |

| | | Total claim |
|---------------------------------|---|---|
| Total claims from Part 2 | 6f. Student loans | 6f. \$ <u>0</u> |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ <u>0</u> |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ <u>0</u> |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + \$ <u>77,638</u> |
| | 6j. Total. Add lines 6f through 6i. | 6j. \$ <u>317,550</u> |

page 1 of 1

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known)

Copy line 4 here..... → 4. For Debtor 1 \$ 28,411 For Debtor 2 or non-filing spouse \$ _____

5. List all payroll deductions:

| | | | |
|---|-----|-----------------|-----------|
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ <u>7,605</u> | \$ _____ |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ <u>0</u> | \$ _____ |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ <u>0</u> | \$ _____ |
| 5d. Required repayments of retirement fund loans | 5d. | \$ <u>0</u> | \$ _____ |
| 5e. Insurance | 5e. | \$ <u>249</u> | \$ _____ |
| 5f. Domestic support obligations | 5f. | \$ <u>0</u> | \$ _____ |
| 5g. Union dues | 5g. | \$ <u>0</u> | \$ _____ |
| 5h. Other deductions. Specify: <u>ERIE, Ltd Std</u> | 5h. | +\$ <u>319</u> | +\$ _____ |

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$ 8,173 \$ _____

7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 20,238 \$ _____

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0 \$ _____

8b. Interest and dividends

8b. \$ 0 \$ _____

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0 \$ _____

8d. Unemployment compensation

8d. \$ 0 \$ _____

8e. Social Security

8e. \$ 0 \$ _____

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f. \$ 0 \$ _____

8g. Pension or retirement income

8g. \$ 0 \$ _____

8h. Other monthly income. Specify: _____

8h. +\$ 0 +\$ _____

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$ 0 \$ _____

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 20,238 + \$ _____ = \$ 20,238

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____ 11. + \$ 0

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12. \$ 20,238

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☐ No.

☒ Yes. Explain:

Decrease - I am moving here to help out family around the illness of my father. I will be changing to a part time job to help at home.

MM / DD / YYYY

page 1

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0

6. Utilities:

6a. Electricity, heat, natural gas

6a. \$ 644

6b. Water, sewer, garbage collection

6b. \$ 163

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 90

6d. Other. Specify: _____

6d. \$ 0

7. Food and housekeeping supplies

7. \$ 400

8. Childcare and children's education costs

8. \$ 0

9. Clothing, laundry, and dry cleaning

9. \$ 200

10. Personal care products and services

10. \$ 250

11. Medical and dental expenses

11. \$ 250

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 250

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 400

14. Charitable contributions and religious donations

14. \$ 7,200

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ 0

15b. Health insurance

15b. \$ 0

15c. Vehicle insurance

15c. \$ 0

15d. Other insurance. Specify: _____

15d. \$ 0

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ 0

17. Installment or lease payments:

17a. Car payments for Vehicle 1

17a. \$ 0

17b. Car payments for Vehicle 2

17b. \$ 0

17c. Other. Specify: _____

17c. \$ 0

17d. Other. Specify: _____

17d. \$ 018. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).18. \$ 0

19. Other payments you make to support others who do not live with you.

Specify: _____

19. \$ 020. Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income*.

20a. Mortgages on other property

20a. \$ 0

20b. Real estate taxes

20b. \$ 0

20c. Property, homeowner's, or renter's insurance

20c. \$ 0

20d. Maintenance, repair, and upkeep expenses

20d. \$ 0

20e. Homeowner's association or condominium dues

20e. \$ 0

Debtor 1

Claudia G. Gabrielle
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: _____

21. +\$ 0

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 20,233

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 20,233

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 20,238

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 20,233

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.23c. \$ 5

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☒ Yes.

Explain here: I plan to move home and live with family to help with an ill family member, so housing expenses will decrease.

Fill in this information to identify your case:

Debtor 1 Claudia G. Gabrielle
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of New Hampshire

Case number
 (If known) _____

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A—1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☒ Not married. Fill out Column A, lines 2-11.☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.☐ Married and your spouse is NOT filing with you. You and your spouse are:☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|--|---|---|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$ <u>28,411</u> | \$ _____ |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | \$ <u>0</u> | \$ _____ |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ <u>0</u> | \$ _____ |
| 5. Net income from operating a business, profession, or farm | Debtor 1 Gross receipts (before all deductions) \$ _____ Ordinary and necessary operating expenses - \$ _____ Net monthly income from a business, profession, or farm \$ _____ | Debtor 2 Gross receipts (before all deductions) \$ _____ Ordinary and necessary operating expenses - \$ _____ Net monthly income from a business, profession, or farm \$ _____ |
| 6. Net income from rental and other real property | Debtor 1 Gross receipts (before all deductions) \$ _____ Ordinary and necessary operating expenses - \$ _____ Net monthly income from rental or other real property \$ _____ | Debtor 2 Gross receipts (before all deductions) \$ _____ Ordinary and necessary operating expenses - \$ _____ Net monthly income from rental or other real property \$ _____ |
| 7. Interest, dividends, and royalties | \$ <u>0</u> | \$ _____ |

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: _____ ↓

For you: _____ \$ _____

For your spouse: _____ \$ _____

\$ 0

\$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.\$ 0

\$ _____

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ _____

\$ _____

\$ _____

\$ _____

Total amounts from separate pages, if any.

+ \$ _____

+ \$ _____

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.\$ 28,411

+

\$ 0= \$ 28,411Total current
monthly income**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11. _____ Copy line 11 here →

\$ 28,411

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b. \$ 340,932**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

NH

Fill in the number of people in your household.

1

Fill in the median family income for your state and size of household. _____ 13.

\$ 52,588

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X
 Signature of Debtor 1

X

Signature of Debtor 2

Date 04/09/2018
 MM / DD / YYYY

Date _____
 MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 Claudia G. Gabrielle
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of New Hampshire

Case number _____
 (If known)

☐ Check if this is an amended filing

Official Form 122A—1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1: Identify the Kind of Debts You Have

1. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101).

- ☐ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☒ Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?

- ☒ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity?
 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. Are you or have you been a Reservist or member of the National Guard?

- ☒ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:

- ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.
- ☐ I am performing a homeland defense activity for at least 90 days.
- ☐ I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

Fill in this information to identify your case:

Debtor 1 Claudia G. Gabrielle
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Hampshire

Case number
 (If known)

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

- ☐ 1. There is no presumption of abuse.
- ☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing**Official Form 122A-2****Chapter 7 Means Test Calculation**

04/16

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income1. Copy your total current monthly income. Copy line 11 from Official Form 122A-1 here → \$ 28,411

2. Did you fill out Column B in Part 1 of Form 122A-1?

- ☒ No. Fill in \$0 for the total on line 3.
- ☐ Yes. Is your spouse filing with you?
- ☐ No. Go to line 3.
- ☐ Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

- ☒ No. Fill in 0 for the total on line 3.
- ☐ Yes. Fill in the information below:

State each purpose for which the income was used

For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents

Fill in the amount you are subtracting from your spouse's income

_____ \$ _____

_____ \$ _____

_____ + \$ _____

Total. _____ \$ _____

Copy total here → - \$ 0

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

\$ 28,411

Debtor 1 Claudia G. Gabrielle
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 647

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person

\$ 49

7b. Number of people who are under 65

x 1

7c. **Subtotal.** Multiply line 7a by line 7b.

\$ 49 Copy here → \$ 49

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person

\$ 117

7e. Number of people who are 65 or older

x 0

7f. **Subtotal.** Multiply line 7d by line 7e.

\$ 0 Copy here → + \$ 0

7g. **Total.** Add lines 7c and 7f.....

\$ 49

Copy total here → \$ 49

Debtor 1

First Name Middle Name Last Name

Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities – Insurance and operating expenses
- Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 5279. **Housing and utilities – Mortgage or rent expenses:**9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1488

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor

Average monthly payment

Roundpoint Mortgage\$ 3,235Wells Fargo Home Mortgage\$ 3,177ZacAnn Carlson, landlord for rental in Salem, NH+ \$ 2,195

Total average monthly payment

\$ 8,607

Copy here →

- \$ 8607

Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.

\$ 0

Copy here →

\$ 0

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ _____

Explain why: _____

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☒ 1. Go to line 12.
- ☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.\$ 250

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

- 13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: _____

13a. Ownership or leasing costs using IRS Local Standard. \$ _____

13b. Average monthly payment for all debts secured by Vehicle 1.
 Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

| Name of each creditor for Vehicle 1 | Average monthly payment |
|-------------------------------------|-------------------------|
| _____ | \$ _____ |
| _____ | + \$ _____ |

Total average monthly payment

\$ _____

Copy
here →

— \$ _____

Repeat this
amount on
line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.

\$ _____

Copy net
Vehicle 1
expense
here →

\$ _____

Vehicle 2 Describe Vehicle 2: _____

13d. Ownership or leasing costs using IRS Local Standard. \$ _____

13e. Average monthly payment for all debts secured by Vehicle 2.
 Do not include costs for leased vehicles.

| Name of each creditor for Vehicle 2 | Average monthly payment |
|-------------------------------------|-------------------------|
| _____ | \$ _____ |
| _____ | + \$ _____ |

Total average monthly payment

\$ _____

Copy
here →

— \$ _____

Repeat this
amount on
line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this amount is less than \$0, enter \$0.

\$ _____

Copy net
Vehicle 2
expense
here ... →

\$ _____

- 14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ _____

- 15. Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ _____

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known)

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.

\$ 7,605

Do not include real estate, sales, or use taxes.

17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.

\$ 0

Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.

\$ 0

19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.

\$ 0

Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

20. Education: The total monthly amount that you pay for education that is either required:

- as a condition for your job, or
- for your physically or mentally challenged dependent child if no public education is available for similar services.

\$ 1,100

21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.

\$ 0

Do not include payments for any elementary or secondary school education.

22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.

\$ 550

Payments for health insurance or health savings accounts should be listed only in line 25.

23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.

+ \$ 90

Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.

24. Add all of the expenses allowed under the IRS expense allowances.

Add lines 6 through 23.

\$ 10,818

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

- 25. Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance

\$ 249

Disability insurance

\$ 319

Health savings account

+ \$ _____

Total

\$ 568

Copy total here →

\$ 568

Do you actually spend this total amount?

☐ No. How much do you actually spend? \$ _____☒ Yes

- 26. Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

\$ 0

- 27. Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

\$ 0

By law, the court must keep the nature of these expenses confidential.

- 28. Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

\$ 280

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

- 29. Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

\$ 0

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

- 30. Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

\$ 21

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

- 31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

+ \$ 3200

- 32. Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 8069

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known)

Deductions for Debt Payment**33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| | | Average monthly payment |
|---|---|---|
| Mortgages on your home: | | |
| 33a. Copy line 9b here | → | \$ <u>8,607</u> |
| Loans on your first two vehicles: | | |
| 33b. Copy line 13b here. | → | \$ _____ |
| 33c. Copy line 13e here. | → | \$ _____ |
| 33d. List other secured debts: | | |
| Name of each creditor for other secured debt | Identify property that secures the debt | Does payment include taxes or insurance? |
| <u>Capital Management</u> | <u>Week 25 timeshare</u> <u>Orange Lake Resort</u> | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | + \$ _____ |
| 33e. Total average monthly payment. Add lines 33a through 33d. | | \$ <u>8,698</u> Copy total here → \$ <u>8,698</u> |

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?☐ No. Go to line 35.

☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

| Name of the creditor | Identify property that secures the debt | Total cure amount | Monthly cure amount |
|-----------------------|---|-------------------|---|
| <u>Lewisville COA</u> | <u>Waters Edge 322</u> | \$ <u>23,160</u> | + 60 = \$ <u>386</u> |
| <u>Lewisville COA</u> | <u>Waters Edge 324</u> | \$ <u>23,400</u> | + 60 = \$ <u>390</u> |
| _____ | _____ | \$ _____ | + 60 = + \$ _____ |
| Total | | | \$ <u>776</u> Copy total here → \$ <u>776</u> |

35. Do you owe any priority claims such as a priority tax, child support, or alimony — that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.☒ No. Go to line 36.

☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ _____ ÷ 60 = \$ _____

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.☒ No. Go to line 37.☐ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13

\$ _____

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X _____

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

\$ _____

Copy total
here →

\$ _____

37. Add all of the deductions for debt payment.

Add lines 33e through 36. _____

\$ 9,474**Total Deductions from Income****38. Add all of the allowed deductions.**Copy line 24, All of the expenses allowed under IRS
expense allowances\$ 10,818

Copy line 32, All of the additional expense deductions

\$ 8,069

Copy line 37, All of the deductions for debt payment

+ \$ 9,474

Total deductions

\$ 28,361

Copy total here →

\$ _____

Part 3: Determine Whether There Is a Presumption of Abuse**39. Calculate monthly disposable income for 60 months**

39a. Copy line 4, adjusted current monthly income

\$ 28,411

39b. Copy line 38, Total deductions

- \$ 28,36139c. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a.\$ 50Copy
here →\$ 50

For the next 60 months (5 years)

x 60

39d. Total. Multiply line 39c by 60

\$ 3,000Copy
here →\$ 3,000**40. Find out whether there is a presumption of abuse. Check the box that applies:**☒ The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.☐ The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.☐ The line 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41.

* Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.....

\$ 77,638

x .25

- 41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I).

Multiply line 41a by 0.25.....

\$ 19,410Copy
here →\$ 19,410

42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.

Check the box that applies:

☒ Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.

☐ Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).

☐ No. Go to Part 5.

☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense
or income adjustment

\$ _____

\$ _____

\$ _____

\$ _____

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X

Signature of Debtor 1

X

Signature of Debtor 2

Date 04/09/2018
 MM / DD / YYYY

Date _____
 MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Claudia G. Gabrielle
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Hampshire

Case number
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | Your assets Value of what you own |
|---|--------------------------------------|
| 1. <i>Schedule A/B: Property</i> (Official Form 106A/B) | |
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> | \$ <u>62,466</u> |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> | \$ <u>111,446</u> |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | \$ <u>173,912</u> |

Part 2: Summarize Your Liabilities

| | Your liabilities Amount you owe |
|---|------------------------------------|
| 2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D) | |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> | \$ <u>778,053</u> |
| 3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F) | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ <u>239,912</u> |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | + \$ <u>77,638</u> |
| Your total liabilities | \$ <u>1,095,603</u> |

Part 3: Summarize Your Income and Expenses

| | |
|---|------------------|
| 4. <i>Schedule I: Your Income</i> (Official Form 106I) | |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ <u>20,238</u> |
| 5. <i>Schedule J: Your Expenses</i> (Official Form 106J) | |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ <u>20,233</u> |

Debtor 1

Claudia
First NameG.
Middle NameGabrielle
Last Name

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 28,411

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F.**Total claim**

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

\$ 0

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 0

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0

9d. Student loans. (Copy line 6f.)

\$ 0

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$ 0

9g. Total. Add lines 9a through 9f.

\$ 0

Fill in this information to identify your case:

Debtor 1 Claudia G Gabrielle
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of New Hampshire

Case number
 (If known) _____

☐ Check if this is an
 amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and
 Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x [Signature]
 Signature of Debtor 1

x _____
 Signature of Debtor 2

Date 04/09/2018
 MM / DD / YYYY

Date _____
 MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Claudio G Gabrielle
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of New Hampshire

Case number
 (if known) _____

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: Capital Management MaintenanceDescription of property securing debt: Orange Lake Resort Timeshare Week 25 Unit 087741 Kissimmee, FL

- ☒ Surrender the property.
- ☐ Retain the property and redeem it.
- ☐ Retain the property and enter into a Reaffirmation Agreement.
- ☐ Retain the property and [explain]: _____

- ☒ No
- ☐ Yes

Creditor's name: Roundpoint Mortgage Servicing Corp.Description of property securing debt: 500 Waters Edge Drive #324 Lake Dallas, TX 75065

- ☒ Surrender the property.
- ☐ Retain the property and redeem it.
- ☐ Retain the property and enter into a Reaffirmation Agreement.
- ☐ Retain the property and [explain]: _____

- ☒ No
- ☐ Yes

Creditor's name: Wells Fargo Home MortgageDescription of property securing debt: 500 Waters Edge Drive #324 Lake Dallas, TX 75065

- ☒ Surrender the property.
- ☐ Retain the property and redeem it.
- ☐ Retain the property and enter into a Reaffirmation Agreement.
- ☐ Retain the property and [explain]: _____

- ☐ No
- ☒ Yes

Creditor's name:

Description of property securing debt:

- ☐ Surrender the property.
- ☐ Retain the property and redeem it.
- ☐ Retain the property and enter into a Reaffirmation Agreement.
- ☐ Retain the property and [explain]: _____

- ☐ No
- ☐ Yes

Debtor 1

Claudia G. Gabrielle
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X

Signature of Debtor 1

Date 04/09/2018
MM / DD / YYYY

X

Signature of Debtor 2

Date _____
MM / DD / YYYY

Capital Management Maintenance

P.O. Box 864964
Orlando, FL 32886 - 4964

Roundpoint Mortgage Servicing Corporation

P.O. Box 19409
Charlotte, NC 28219

Wells Fargo Home Mortgage

P.O. Box 105647
Atlanta, GA 30348 - 5647

Lewisville Water's Edge COA

c/o Essex Management
P.O. Box 52330
Phoenix, AZ 85072

Banker's Healthcare Group, LLC

201 Solar Street
Syracuse, NY 13204

Bank of America

P.O. Box 982234
El Paso, TX 79998 - 2234

Fidelity Investments
900 Salem Street
Smithfield, RI 02917

USAA American Express Card
10750 Mc Dermott Freeway
San Antonio, TX 75288

American Express Starwood Preferred Guest
P.O. Box 1270
Newark, NJ 07101-1270

Bank of America Visa Signature
P.O. Box 15019
Wilmington, DE 19886-5019

Card Service American Airlines AAdvantage
P.O. Box 13337
Philadelphia, PA 19101-3337

Cardmember Services Bankers Healthcare Group
P.O. Box 332509
Murfreesboro, TN 37133

Cardmember Service CHASE
P.O. Box 1423
Charlotte, NC 28201-1423

Citi cards American Airlines AAdvantage
P.O. Box 9001037
Louisville, KY 40290-1037

Citi cards Costco Visa
P.O. Box 9001016
Louisville, KY 40290-1016

Synchrony Bank Care Credit
P.O. Box 960061
Orlando, FL 32896-0061

Synchrony Bank / JC Penney
P.O. Box 960090
Orlando, FL 32896-0090

TJX Rewards / Synch
P.O. Box 530949
Atlanta, GA 30353 - 0949

Synchrony Bank / Amazon
P.O. Box 960013
Orlando, FL 32896-0013

Capital Collection Management LLC
238 W. Division Street
Syracuse, NY 13204

CJC Law Office
Chris Cali, Esquire
201 Solar Street
Syracuse, NY 13204

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW HAMPSHIRE

In re:


Claudia G. Gabrielle
Debtor

Bk. No. _____
Chapter _____

VERIFICATION OF CREDITOR MAILING LIST

The above named debtor hereby certifies under penalty of perjury that the attached master mailing list of creditors, consisting of 4 pages is complete, correct and consistent with the debtor's schedules pursuant to *LBRs* and assumes all responsibility for errors and omissions.

Date: 04/20/2018


Debtor Signature
Claudia G. Gabrielle
Print Name
Address 418 Lake Shore Rd
Salem NH 03079
Tel. No. 603-401-5872